

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

Randall Thomas

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case: 2:17-cv-11107

Judge: Battani, Marianne O.

MJ: Patti, Anthony P.

Filed: 04-07-2017 At 04:32 PM

C: CMP THOMAS V DEPARTMENT OF HUMAN SERVICES, ET AL (BG)

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No  
(check one)

v.  
Michigan Department of Human Service

Jody Romero Perez - Personally and in Her official Position @ MDHHS

Cecilia Quirindonge Baunsoe - P-68374  
Sherry Richardson

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

On 4-4-2014 Plaintiff Randall Thomas Took the child Rande Thomas to Oakland County Court to file for Relief, because the child Rande Thomas has been abandon to him on 4-4-2014 by Sherry Richardson @ Comsos Coney Island in Ferndale Mi,

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Randall Thomas  
 Street Address 22917 Woodward  
 City and County Ferndale mi Oakland  
 State and Zip Code mi 48220  
 Telephone Number 248-667-2274  
 E-mail Address monopolykash@yahoo.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name ~~De~~ Michigan Department of Human Service  
 Job or Title (if known) \_\_\_\_\_  
 Street Address 235 South Grand Ave  
 City and County Lansing, mi 48909  
 State and Zip Code mi 48909  
 Telephone Number 517-373-8873  
 E-mail Address (if known) \_\_\_\_\_

**Defendant No. 2**

Name Jody Romero Perez  
 Job or Title (if known) \_\_\_\_\_  
 Street Address 235 South Grand Ave  
 City and County Lansing m.  
 State and Zip Code mich 48909  
 Telephone Number 517-373-8873  
 E-mail Address (if known) \_\_\_\_\_

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## Defendant No. 3

Name Sherry Richardson  
 Job or Title \_\_\_\_\_  
 (if known) \_\_\_\_\_  
 Street Address 1570 Annabelle  
 City and County Fremont Oakland  
 State and Zip Code MI 48220  
 Telephone Number NA  
 E-mail Address NA  
 (if known) \_\_\_\_\_

## Defendant No. 4

Name Cecilia Quirindange Brunson  
 Job or Title Att'y P-68374  
 (if known) \_\_\_\_\_  
 Street Address 35 W Huron Street Ste 401  
 City and County Pontiac, MI Oakland  
 State and Zip Code MI 48342  
 Telephone Number 248-~~888~~ 732-2850  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

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**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Elliot Larson Civil Rights Act No. 453,  
Public Act of 1976, as amended  
Michigan Persons with Disabilities Act No. 220,  
Public Acts of 1976

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

**a. If the plaintiff is an individual**

The plaintiff, (name) RANDALL D. THOMAS  
 is a citizen of the State of (name) Michigan.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_,  
 is incorporated under the laws of the State of (name) \_\_\_\_\_,  
 and has its principal place of business in the  
 State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

**a. If the defendant is an individual**

The defendant, (name) Jody Romero Perez, is a citizen of the  
 State of (name) Michigan. Or is a citizen of (foreign  
 nation) \_\_\_\_\_.

**b. If the defendant is a corporation**

The defendant, (name) Michigan Department of Health + Human Services, is incorporated  
 under the laws of the State of (name) Michigan, and  
 has its principal place of business in the State of (name) Michigan. Or is incorporated under the laws of  
 (foreign nation) \_\_\_\_\_, and has its principal place  
 of business in (name) Oakland County Court House

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

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3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

The Intentional Infection of Plaintiff Suffering  
by (MDHHS), Jody Romero-Perez, Sherry Richardson  
and Cecilia Quirindonge Baunseo add to the cost of  
\$ 1,000,000

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

See Attn - State of Michigan  
Department of Civil Rights  
Complaints

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#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Pain & Suffering, Through Jail  
time Based on lies, Discrimination  
Sabotage, set-up, Gender Bias, Class Bias,  
Race Discrimination and Retaliation By  
MDHS, Tody Romero Perez, Cecilia Baunsoe and  
Sherry Richardson on 4-7-14 and continue  
through to day Bring Plaintiff to ask  
for 1,000,000 in punitive money  
Damages

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

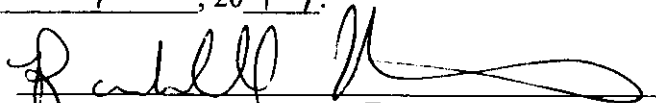
##### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 4-7, 2017.

Signature of Plaintiff

Printed Name of Plaintiff

  
RANDALL THOMAS

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**Additional Information:**

See All State of Michigan  
Department of Civil Right Complaint  
by RANDALL Thomas, against Michigan  
Department of Civil Rights, Jody-  
Romero Perez,

Randall Thomas has file this complaint  
under Duross of No Atty and with  
an disability of Dyslexia and needs  
accommodations to ~~full~~ complete case.

See - Randall Thomas (Rebuttals)  
can't spell or write out complaint  
Due to Disability (Dyslexia)

\* false PPO's By Sherry Richardson  
+ Jody Perez

\* No Lawyer Representation in PPO violation  
By

JS 44 (Rev. 11/15)

## CIVIL COVER SHEET

County in which action arose: \_\_\_\_\_

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

Randall Thomas

## DEFENDANTS

Dept of Human Services

(b) County of Residence of First Listed Plaintiff Oakland  
(EXCEPT IN U.S. PLAINTIFF CASES)County of Residence of First Listed Defendant Oakland  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

22917 Woodward  
Fremont, CA 94520

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   |                                |                                |   |                                |                                |
|---|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|
| Citizen of This State                   | PTF <input type="checkbox"/> 1 | DEF <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | PTF <input type="checkbox"/> 4 | DEF <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2     | <input type="checkbox"/> 2     | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5     | <input type="checkbox"/> 5     |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3     | <input type="checkbox"/> 3     | Foreign Nation  | <input type="checkbox"/> 6     | <input type="checkbox"/> 6     |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

<b>CONTRACT</b> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>TORTS</b> <b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<b>FORFEITURE/PENALTY</b> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<b>BANKRUPTCY</b> <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<b>OTHER STATUTES</b> <input checked="" type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729 (a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609
			<b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions		

## V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE



PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

Notes :

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## New LawsUIT Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/>	Two (2) completed Civil Cover Sheets. <i>1 coversheet</i>	CLERK TO AFFIX CASE ASSIGNMENT LABEL HERE
<input checked="" type="checkbox"/>	<p>Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.</p> <p><i>4</i> + 2 = <i>6</i> <i>copy of complaint provided</i></p> <p># of Defendants      Total      Complaints.</p> <p>Received by Clerk: <i>NA</i>      Addresses are complete: <i>NA</i></p>	
<input type="checkbox"/>	<p>If any of your defendants are government agencies: Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.</p>	

If Paying The Filing Fee:	If Asking That The Filing Fee Be Waived:
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Current new civil action filing fee is attached.</p> <p>Fees may be paid by check or money order made out to:</p> <p style="text-align: center;">Clerk, U.S. District Court</p> <p>Received by Clerk: _____ Receipt #: _____</p>	<p>Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.</p> <p style="text-align: center;"><i>1 copy provided</i></p> <p>Received by Clerk: <i>NA</i></p>

Select the Method of Service you will employ to notify your defendants:

Service via Summons by Self	Service by U.S. Marshal (Only available if fee is waived)	Service via Waiver of Summons (U.S. Government cannot be a defendant)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Two (2) completed summonses for each defendant including each defendant's name and address.</p> <p style="text-align: center;"><i>No Summons</i></p> <p>Received by Clerk: _____</p>	<p>Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.</p> <p><input type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form.</p> <p>Received by Clerk: _____</p>	<p>You need not submit any forms regarding the Waiver of Summons to the Clerk.</p> <p><u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u></p> <ul style="list-style-type: none"> <li>• One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant.</li> <li>• Two (2) Waiver of the Service of Summons forms per defendant.</li> </ul> <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.</p>

### Clerk's Office Use Only

Note any deficiencies here: *No request for marshals & only 1,285 form per defendant. No Summons. Plaintiff stated, he will bring everything back completed.*